

Work Order ID 103363

Friday, June 21, 2013 3:57:50 PM

103363

Page 1

Item ID: D3914-7

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rib

Stop

NS2

Start Date: 6/21/2013 Start Qty: 6.00

6

Cust Item ID:

Required Date: 7/19/2013 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

PL

Date:

130624 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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D3914	C								
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100 *100* Large Fab Memo 0.00

Large Fab 1- Cut tube as per dwg D3914
2- debur and remove identification markings

(6x) CC 13-7-11

110 *110* QC6- Inspect dimensions to drawing 0.00

Quality Control Memo 0.00

6x M 13.07.11

120 *120* Identify as per dwg & Stock Location: *W11* 0.00

Packaging *Basket w/ 004* Memo 0.00

6x M 13.07.11

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____		Work Order Update <input type="checkbox"/>																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector									
Doc/Data																						
Equip/Tooling																						
Operator																						
Material																						
Setup																						
Other																						
Process																						
Supplier																						
Training																						
Unapproved																						
FAULT CATEGORY																						
Landing Gear				General																		
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions											<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

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Page 2

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Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

13/7/16 (J)

130

QC

Quality Control

Memo

0.00

R(B) 07/12

NCR: Yes / No

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Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____ NCR No. _____		<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other					
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										<input type="checkbox"/> Other	

Picklist Print

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Page 1

Work Order ID: 103363

103363
D3914-7

Parent Item: D3914-7

Parent Item Name: Rib

Start Date: 6/21/2013

Required Date: 7/19/2013

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A new issue DD 10.03.19 verified by:EC IPP Rev:B as
per dwg revB DD 10.08.18 verified by:EC IPP Rev:C 11.01.18 chg
qc5 to 6 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.500W.049		Purchased		No		100	f	1,723.608	7.875	49.73684		CC 13-7-11	

M304TS0 500W 049

Square Tubing

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
WA006	1723.608273	
118460	0.00001534	
122938	0.266142	
123565	90.591216	
125062	564.509	
125502	408.2419	
M126080	660	

49.73684

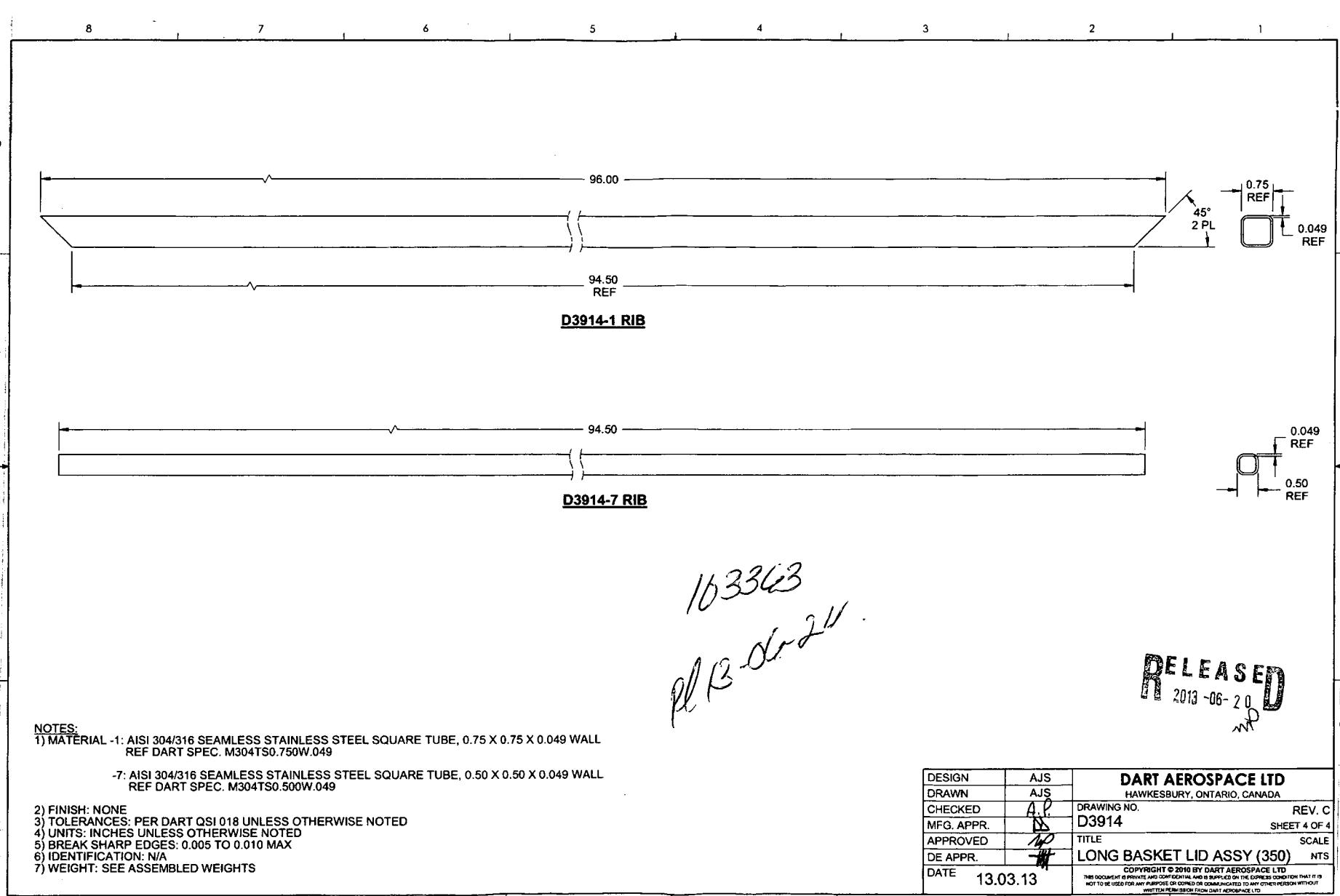
NCR: Yes / No

DQA: _____ Date: _____

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Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
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											<input type="checkbox"/> Other _____			